## FORM D

SE6 Wall Processing Section

# UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

### **FORM D**

AUG 052008

Washington, DO

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

| OMB APPRO                                    | VAL   |
|--|-------|
| Expires August 31,<br>Estimated average burd | den   |
| hours per response:                          | 16.00 |

SEC USE ONLY

DATE RECEIVED

Serial

Prefix

144 941 2

| Name of Offering ( check if this is an amendment an Green Tree Management Co-Invest | · -  |  |
|---|--|--|
| Filing Under (Check box(es) that apply):   Rule:                                    |  | Section 4(6) ULOE                      |
| Type of Filing: ☑ New Filing □ Amendment  |  |  |
|   | A. BASIC IDENTIFICATION DATA   |  |
| 1. Enter the information requested about the issuer                                 |  |  |
| Name of Issuer ( check if this is an amendment an                                   | nd name has changed, and indicate change.)   |  |
| GT Management Holdings LLC  |  | 08057484                               |
| Address of Executive Offices  | (Number and Street, City, State Zip Code)  | Telep.                                 |
| 345 St. Peter Street, Suite 1100, St.   | . Paul, Minnesota 55102  | 1-651-293-3472                         |
| Address of Principal Business Operations  | (Number and Street, City, State and Zip Code)  | Telephone Number (Including Area Code) |
| (if different from Executive Offices)   | PROCESSED  |  |
| Brief Description of Business   |  |  |
| Investment Holding Company  | AUG 1 1 2008 P   |  |
| Type of Business Organization   | THOMSON REVIEWS  |  |
| □ corporation   | limited partnership, already formed  | ☑ other (please specify):              |
| □ business trust  | ☐ limited partnership, to be formed  | Limited Liability Company              |
| Actual or Estimated Date of Incorporation or Organiza                               | Month Year 1 2 0 7   | ☑ Actual ☐ Estimated                   |
| Jurisdiction of Incorporation or Organization:                                      | (Enter two-letter U.S. Postal Service abbreviation<br>CN for Canada; FN for other foreign jurisdiction |  |

#### **GENERAL INSTRUCTIONS**

#### Federal:

Who Must File: 77d(6).

All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State:

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

#### **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| Enter the information requ      Fach promoter of the     |                                    | •                      | en organized within t                              | he nac  | t five vears:           |          |               |          |                                    |
|--|------------------------------------|------------------------|--|---------|-------------------------|----------|---------------|----------|------------------------------------|
| •  | ·                                  |                        | -  | -       | -                       | 10% or 1 | more of a cla | ace of e | equity securities of the issuer;   |
|  |                                    |                        |  |         | neral and managing p    |          |               |          |                                    |
| Each general and ma                                      |                                    |                        |  | rate Be | neral and members b     |          |               |          |                                    |
| Check Box(es) that Apply:                                | Promoter                           |                        | Beneficial Owner                                   |         | Executive Officer       |          | Director      | Ø        | General and/or<br>Managing Partner |
| Full Name (Last name first, if in GT Parent LLC          | ndividual)                         |                        |  |         |                         |          |               |          |                                    |
| Business or Residence Address<br>c/o Centerbridge Capi   |                                    |                        | y, State, Zip Code)<br>Park Avenue, N              | ew Y    | ork, New York           | 101      | 52            |          |                                    |
| Check Box(es) that Apply:                                | ☐ Promoter                         |                        | Beneficial Owner                                   | Ø       | Executive Officer       | D        | Director      | 0        | General and/or<br>Managing Partner |
| Full Name (Last name first, if in West, Lance            | ndivídual)                         |                        |  |         |                         |          |               | <b></b>  |                                    |
| Business or Residence Address c/o Centerbridge Cap       |                                    |                        | y, State, Zip Code)<br>Park Avenue, N              | ew Y    | ork, New York           | 101      | 52            |          |                                    |
| Check Box(es) that Apply:                                | ☐ Promoter                         |                        | Beneficial Owner                                   | Ø       | Executive Officer       |          | Director      |          | General and/or<br>Managing Partner |
| Full Name (Last name first, if in Mozingo, Jason         | ndividual)                         |                        |  |         |                         |          |               |          |                                    |
| Business or Residence Address c/o Centerbridge Cap       |                                    |                        | ty, State, Zip Code)<br>Park Avenue, N             | ew Y    | ork, New York           | 101      | 52            |          |                                    |
| Check Box(es) that Apply:                                | Promoter                           |                        | Beneficial Owner                                   | Ø       | Executive Officer       |          | Director      |          | General and/or<br>Managing Partner |
| Full Name (Last name first, if in Gelfand, Jeff          | ndividual)                         |                        |  |         |                         |          |               |          |                                    |
| Business or Residence Address c/o Centerbridge Cap       | (Number and Street and Partners, 3 | et, Cit<br><b>75 F</b> | ry, State, Zip Code)<br>Park Avenue, N             | ew Y    | ork, New York           | 101      | 52            |          |                                    |
| Check Box(es) that Apply:                                | ☐ Promoter                         | Ø                      | Beneficial Owner                                   |         | Executive Officer       | 0        | Director      | 0        | General and/or<br>Managing Partner |
| Full Name (Last name first, if in Anderson, Keith        | ndividual)                         |                        |  |         |                         |          |               |          |                                    |
| Business or Residence Address<br>345 St. Peter Street, S |                                    |                        | ty, State, Zip Code)<br><b>, Minnesota   5</b> 5   | 5102    |                         |          |               |          |                                    |
| Check Box(es) that Apply:                                | □ Promoter                         | Ø                      | Beneficial Owner                                   |         | Executive Officer       |          | Director      |          | General and/or<br>Managing Partner |
| Full Name (Last name first, if in Breakey, James         | ndividual)                         |                        |  |         |                         |          |               |          |                                    |
| Business or Residence Address<br>345 St. Peter Street, S |                                    |                        | ty, State, Zip Code)<br>, <b>Minnesota 5</b>       | 5102    |                         |          |               |          |                                    |
| Check Box(es) that Apply:                                | ☐ Promoter                         | Ø                      | Beneficial Owner                                   | ū       | Executive Officer       |          | Director      | Þ        | General and/or<br>Managing Partner |
| Full Name (Last name first, if it Hilligoss, Jeff        | ndividual)                         |                        |  |         |                         |          |               |          |                                    |
| Business or Residence Address 345 St. Peter Street, S    |                                    |                        | ty, State, Zip Code)<br>, <b>Minnesota 5</b> 5     | 5102    |                         |          |               |          |                                    |
| Check Box(es) that Apply:                                | ☐ Promoter                         | Ø                      | Beneficial Owner                                   |         | Executive Officer       |          | Director      |          | General and/or<br>Managing Partner |
| Full Name (Last name first, if in Franco, Thomas         | ndividual)                         |                        |  |         |                         |          |               |          |                                    |
| Business or Residence Address 345 St. Peter Street, S    |                                    |                        | ty, State, Zip Code) , Minnesota 5                 | 5102    |                         |          |               |          |                                    |
| Check Box(es) that Apply:                                | ☐ Promoter                         | Ø                      | Beneficial Owner                                   |         | Executive Officer       |          | Director      |          | General and/or<br>Managing Partner |
| Full Name (Last name first, if it Siemers, Ronald        | ndividual)                         |                        |  |         |                         |          |               |          |                                    |
| Business or Residence Address 345 St. Peter Street, S    |                                    |                        | ty, State, Zip Code)<br>  <b>, Minnesota   5</b> ! | 5102    | · ·=                    |          |               |          |                                    |
| ·  | (I lee bla                         | nk che                 | et or convenduce a                                 | ddition | al copies of this sheet | as ne    | cessary )     |          |                                    |

A. BASIC IDENTIFICATION DATA

|  |  |  |   | B. INI                          | FORMAT                                       | ION ABO                                      | UT OFFI  | ERING                                   |   |   |          |             |
|--|--|--|---|---------------------------------|--|--|--|---|---|---|----------|-------------|
|  |  |  |   |                                 |  |  |  |   |   |   | Yes      | No          |
| 1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering? |  |  |   |                                 |  |  |  |   |   |   | ☑        |             |
|  |  |  | A   | nswer also                      | in Appendi                                   | x, Column                                    | 2, if filing u                                 | inder ULOE                              | <b>.</b> .                              |   |          |             |
| 2. What is the minimum investment that will be accepted from any individual?                             |  |  |   |                                 |  |  |  |   | S Not A                                 | pplicable                               |          |             |
|  |  |  |   |                                 |  |  |  |   |   |   |          |             |
| 3. Does th   | he offering  | permit joint                               | ownership                                     | of a single                     | unit?  | ************                                 |  | *************************************** |   |   | Yes<br>☑ | No          |
| commi<br>If a per<br>or state  | the informatission or sin<br>rson to be lites, list the ner<br>er or dealer, | nilar remuno<br>sted is an a<br>ame of the | eration for s<br>ssociated pe<br>broker or de | olicitation or age caler. If mo | of purchase<br>nt of a brok<br>ore than five | rs in connec<br>er or dealer<br>e (5) person | ction with sa<br>registered v<br>s to be liste | ales of secu-<br>with the SE            | rities in the<br>C and/or wi            | offering.<br>th a state                 |          | <u></u>     |
| Full Name  | (Last name   | first, if ind                              | ividual)                                      |                                 | •  |  |  |   |   |   |          |             |
|  |  |  |   |                                 |  |  |  |   |   |   |          |             |
| Business o   | or Residence   | Address (1                                 | Number and                                    | Street, City                    | y, State, Zip                                | Code)  |  |   |   |   |          |             |
| Name of A  | Associated E   | Broker or De                               | aler  | <del></del>                     |  |  |  | <del></del>                             |   | <del></del>                             |          |             |
| Not App  | licable  |  |   |                                 |  |  |  |   |   |   |          |             |
| States in V  | Vhich Perso<br>All States" o   |  |   |                                 |  |  |  |   |   |   | ПА       | II States   |
| [AL]   | [AK]   | [AZ]                                       | [AR]  | [CA]                            | [CO]   | [CT]   | [DE]   | [DC]                                    | [FL]                                    | [GA]                                    | (HI)     | [ID]        |
| [IL]   | [N]  | [A2]                                       | [KS]  | (KY)                            | [LA]   | [ME]   | [MD]   | [MA]                                    | [MI]                                    | [MN]                                    | [MS]     | [MO]        |
| [MT]   | [NE]   | [NV]                                       | [NH]  | [rn]                            | [NM]   | [NY]   | [NC]   | [ND]                                    | [OH]                                    | [OK]                                    | [OR]     | [PA]        |
| [RI]   | [SC]   | [SD]                                       | [TN]  | [TX]                            | [UT]   | [VT]   | [VA]   | [WA]                                    | [WV]                                    | [WI]                                    | [WY]     | [PR]        |
|  | (Last name   |  |   |                                 |  | <u> </u>                                     |  |   |   |   |          |             |
|  |  |  |   |                                 |  |  |  |   |   |   |          |             |
| Business of  | r Residence  | Address (1                                 | Number and                                    | Street, City                    | y, State, Zip                                | Code)  |  |   |   |   |          |             |
|  |  | •  |   |                                 | •  | •  |  |   |   |   |          |             |
| Name of A  | Associated E   | Broker or De                               | aler  |                                 | -  |  |  |   |   | <u> </u>                                |          |             |
|  |  |  |   |                                 |  |  |  |   |   |   |          |             |
| States in V  | Which Perso  | n Listed Ha                                | s Solicited                                   | or Intends t                    | o Solicit Pu                                 | rchasers                                     |  | <del></del>                             |   |   |          | <del></del> |
| (Check ".  | All States"  | or check ind                               | lividual Stat                                 | es)                             |  |  |  |   | *************************************** | *************************************** | 🗆 Ai     | 1 States    |
| [AL]   | [AK]   | [AZ]                                       | [AR]  | [CA]                            | [CO]   | [CT]   | [DE]   | [DC]                                    | [FL]                                    | [GA]                                    | [HI]     | [ID]        |
| [IL]   | [IN]   | [IA]                                       | [KS]  | [KY]                            | [LA]   | [ME]   | [MD]   | [MA]                                    | [MI]                                    | [MN]                                    | [MS]     | [MO]        |
| [MT]   | [NE]   | [NV]                                       | [NH]  | [NJ]                            | [NM]   | [NY]   | [NC]   | [ND]                                    | [OH]                                    | [OK]                                    | [OR]     | [PA]        |
| [RI]   | [SC]   | [SD]                                       | [TN]  | [TX]                            | (UT)   | [VT]   | [VA]   | [WA]                                    | [WV]                                    | [WI]                                    | [WY]     | [PR]        |
| Full Name  | (Last name   | e iirst, ii ina                            | ividual)                                      |                                 |  |  |  |   |   |   |          |             |
| D : .  | D did  |  | · · · · · · · · · · · · · · · · · · ·         | Carrett City                    | Ctata 7:                                     | Cada   |  |   |   |   |          |             |
| Business   | or Residence   | e Address (1                               | vumber and                                    | Street, City                    | y, State, Zip                                | (Code)                                       |  |   |   |   |          |             |
| Name of A  | Associated E   | Broker or De                               | ealer   |                                 |  |  |  |   |   |   |          |             |
|  |  |  |   |                                 |  |  |  |   |   |   |          |             |
|  | Which Perso<br>All States"   |  |   |                                 |  |  |  |   |   | *************************************** |          | All States  |
| [AL]   | [AK]   | [AZ]                                       | [AR]  | [CA]                            | [CO]   | [CT]   | [DE]   | [DC]                                    | [FL]                                    | [GA]                                    | [HI]     | [ID]        |
| [IL]   | [IN]   | [IA]                                       | [KS]  | [KY]                            | [LA]   | [ME]   | [MD]   | [MA]                                    | [MI]                                    | [MN]                                    | [MS]     | [MO]        |
| [MT]   | [NE]   | [NV]                                       | [NH]  | [NJ]                            | [NM]   | [NY]   | [NC]   | [ND]                                    | [OH]                                    | [OK]                                    | [OR]     | [PA]        |
| [RI]   | [SC]   | [SD]                                       | [TN]  | [TX]                            | (UT)   | [VT]   | [VA]   | [WA]                                    | [WV]                                    | [WI]                                    | [WY]     | [PR]        |

[TN] [TX] [UT] [VT] [VA] [WA] [WV]
(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already

|  | Aggregate   |                         | Amount Already                       |
|--|---|-------------------------|--------------------------------------|
| Type of Security   | Offering Price  |                         | Sold                                 |
| Debt   |   | \$.                     |                                      |
| Equity   | s <u>3,160,000</u>  | _ s.                    | 3,160,000                            |
| ☐ Common ☐ Preferred   |   |                         |                                      |
| Convertible Securities (including warrants)  | ss  |                         |                                      |
| Partnership Interests  | ss  | \$_                     |                                      |
| Other (Specify)  | <b>s</b>  | \$.                     | <del></del>                          |
| Total  | s <u>3,160,000</u>  | \$.                     | 3,160,000                            |
| Answer also in Appendix, Column 3, if filing under ULOE.   |   |                         |                                      |
| 2. Enter the number of accredited and non-accredited investors who have purchase offering and the aggregate dollar amounts of their purchases. For offerings under the number of persons who have purchased securities and the aggregate dollar purchases on the total lines. Enter "0" if answer is "none" or "zero." | Rule 504, indicate  |                         |                                      |
|  | Number<br>Investors   |                         | Aggregate Dollar Amount of Purchases |
| Accredited Investors   | <u> </u>  | s                       | 3,160,000                            |
| Non-accredited Investors   | <b>0</b>  | \$_                     | 0                                    |
| Total (for filings under Rule 504 only)  | N/A   | \$                      | N/A                                  |
| Answer also in Appendix, Column 4, if filing under ULOE.   | <del></del>   |                         |                                      |
|  |   |                         |                                      |
| . If this filing is for an offering under Rule 504 or 505, enter the information securities sold by the issuer, to date, in offerings of the types indicated, in the typic to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering                                | welve (12) months   | ,                       | Dollar Amount<br>Sold                |
| securities sold by the issuer, to date, in offerings of the types indicated, in the transfer to the first sale of securities in this offering. Classify securities by t C-Question 1.  | welve (12) months  ype listed in Part  Type of Security   | ,<br>s                  |                                      |
| securities sold by the issuer, to date, in offerings of the types indicated, in the transfer to the first sale of securities in this offering. Classify securities by t C-Question 1.  Type of Offering  | welve (12) months type listed in Part  Type of Security  N/A  |                         | Sold                                 |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering  Rule 505  | welve (12) months ype listed in Part  Type of Security  N/A  N/A  | s.                      | Sold<br>N/A                          |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505   | welve (12) months type listed in Part  Type of Security  N/A  N/A  N/A  | _ s.                    | Sold<br>N/A<br>N/A                   |
| securities sold by the issuer, to date, in offerings of the types indicated, in the types indicated, in the types to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505  | welve (12) months type listed in Part  Type of Security  N/A  N/A  N/A  N/A  distribution of the of the issuer. The                         | s s                     | Sold<br>N/A<br>N/A<br>N/A            |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505   | welve (12) months type listed in Part  Type of Security  N/A  N/A  N/A  N/A  distribution of the of the issuer. The expenditure is not      | s s                     | Sold<br>N/A<br>N/A<br>N/A            |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505   | welve (12) months type listed in Part  Type of Security  N/A  N/A  N/A  N/A  distribution of the of the issuer. The expenditure is not      | \$ \$ \$ \$ \$ \$ \$ \$ | Sold<br>N/A<br>N/A<br>N/A            |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505   | welve (12) months type listed in Part  Type of Security  N/A  N/A  N/A  N/A  distribution of the of the issuer. The expenditure is not      | \$ \$ \$ \$ \$ \$ \$ \$ | Sold N/A N/A N/A O O                 |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505   | welve (12) months type listed in Part  Type of Security  N/A  N/A  N/A  N/A  distribution of the of the issuer. The expenditure is not      | \$                      | Sold N/A N/A N/A N/A 0 0 0           |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505   | welve (12) months type listed in Part  Type of Security  N/A  N/A  N/A  N/A  distribution of the of the issuer. The expenditure is not      | \$                      | Sold N/A N/A N/A N/A 0 0 0           |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505   | welve (12) months type listed in Part  Type of Security  N/A  N/A  N/A  N/A  N/A  distribution of the of the issuer. The expenditure is not | \$                      | Sold N/A N/A N/A O O O O O           |
| securities sold by the issuer, to date, in offerings of the types indicated, in the type prior to the first sale of securities in this offering. Classify securities by the C-Question 1.  Type of Offering Rule 505   | welve (12) months ype listed in Part  Type of Security  N/A  N/A  N/A  N/A  distribution of the of the issuer. The expenditure is not       | \$                      | Sold N/A N/A N/A N/A  0 0 0 0 0      |

| C. OFFERING PRICE,   | NUMBER OF INVESTORS, EXP   | ENS     | ES.  | AND USE OF PR                                       | OCE        | EDS         |                    |
|--|--|---------|------|---|------------|-------------|--------------------|
| b. Enter the difference between the aggregate of and total expenses furnished in response to Pagross proceeds to the issuer."  | art C - Question 4.a. This difference is the "a  | adjuste | đ    |   | <b>s</b> _ |             | 3,160,000          |
| Indicate below the amount of the adjusted gross<br>for each of the purposes shown. If the amount<br>and check the box to the left of the estimate,<br>adjusted gross proceeds to the issuer set forth in | t for any purpose is not known, furnish an e<br>The total of the payments listed must ed | estima  | te   |   | _          |             |                    |
|  |  |         |      | Payments to<br>Officers, Directors,<br>& Affiliates |            |             | Payments To Others |
| Salaries and Fees  |  |         | \$ . | <u></u> .   |            | \$_         |                    |
| Purchase of real estate  |  |         | s .  |   |            | s _         |                    |
| Purchase, rental or leasing and installation of ma   | achinery and equipment   |         | \$_  |   |            | <b>s</b> _  |                    |
| Construction or leasing of plant buildings and fa  | acilities  |         | \$_  |   | Ď          | <b>s</b> _  |                    |
| Acquisition of other businesses (including the offering that may be used in exchange for the   | e value of securities involved in this<br>e assets or securities of another issuer       |         | •    |   | _          | •           |                    |
| pursuant to a merger)  |  | _       | •    |   |            | \$ _        | <del></del>        |
| Repayment of indebtedness  |  |         | \$ . |   | 0          | <b>\$</b> _ |                    |
| Working capital  |  |         | \$ . | ·   |            | <b>\$</b> _ | 3,160,000          |
| Other (specify):   |  |         |      |   |            |             |                    |
| · · · · · · · · · · · · · · · · · · ·  |  |         |      |   |            |             |                    |
|  |  |         | \$.  |   |            | \$_         |                    |
| Column Totals  |  | 0       | \$ _ |   |            | \$_         | 3,160,000          |
| Total Payments Listed (column totals added)  |  | •••••   |      | <b></b>   | 3,16       | 0,00        | 0                  |
|  | D. FEDERAL SIGNATUI  | RE      |      |   |            |             |                    |
| The issuer has duly caused this notice to be signe constitutes an undertaking by the issuer to furnish by the issuer to any non-accredited investor pursuant   | to the U.S. Securities and Exchange Commi  |         |      |   |            |             |                    |
| ssuer (Print or Type)  | Signature  |         | •    | Date  |            |             |                    |
| GT Management Holdings LLC   | T WAXY   | +       |      | August /  | , 20       | 08          |                    |
| Name of Signer (Print or Type)   | Title of Signer (Print of Type)  |         |      |   |            |             |                    |
| Jason Mozingo  | Vice President of GT Parent I  | LLC,    | the  | Issuer's Manag                                      | ging (     | <u>llem</u> | ber                |

# ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001).

